

Charles D. Baker
Governor

Karyn Polito
Lieutenant Governor

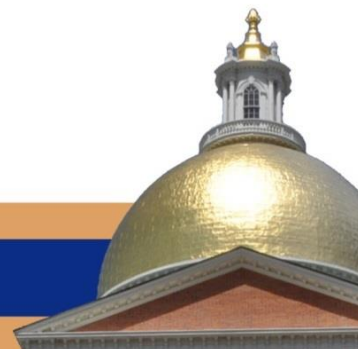


Marylou Sudders
Secretary

Joan Mikula
Commissioner

Strengthening Public Access to Mental Health Services for Children and Youth FY2018

April 2018



Public Access Report FY2018

The Commonwealth's FY2018 Budget included the following earmark in the 5042-5000 Department of Mental Health (DMH) Child and Adolescent Mental Health Services Account:

...provided further, that in order to strengthen public access to mental health services for children and adolescents, not less than \$1,950,000 shall be expended for: (i) increasing case management services for children and adolescents; (ii) enhancing services for persons ages 16-24, inclusive; and (iii) maximizing resources for consultation and training for child and family mental health through increased collaboration with day care centers, schools and community agencies;

Although funds in this amount were added to the line item, there was also a \$2,000,000 cut to the Department's funds for Child, Youth and Family (CYF) Division staffing, including case managers.

These two provisions in the Department's budget offset each other and therefore did not allow the Department to increase case management services. However, the Department continued to invest its existing resources in strengthening access to quality mental health services for all children and youth, and youth 16-24 in particular, as well as youth reached through partnerships with day care centers, schools and community agencies.

ACCESS FOR ALL YOUTH

- CYF Directors and their staff in each of DMH's five Areas regularly meet with municipal and school officials, local human services agencies, civic and community groups to educate them about mental health conditions and the availability of effective treatment, through health insurance benefits and through DMH.
- DMH pays for "Family Support Specialists" in each DMH Area to conduct education and support groups for families of children and youth with mental health needs. These groups are free and open to the public. Participants do not need to be recipients of DMH services.
- The Metro Boston DMH Area Office has an extensive partnership with the Boston School Department, and financially supports mental health services in the Boston schools.

YOUTH AGES 16-24

Youth and young adults are a critically important population for the mental health system. Approximately 40% of serious mental illnesses start in childhood and adolescence. In

particular, while adolescence and early adulthood can be a time of high risk for mental health conditions, it is also the time for increasing independence from family and other adults. For the young person struggling with mental health needs, this can lead to isolation and worsening of symptoms. For the past 10-15 years, the Department has been a leader in Massachusetts (and beyond) in developing new ways to engage and work with adolescents and young adults with significant mental health needs.

- With grant funding from the Substance Abuse and Mental Health Services Administration (SAMHSA) DMH worked with MassHealth to tailor Intensive Care Coordination and Therapeutic Mentoring services to better serve young adults. One result has been to create jobs for Therapeutic Mentors who have “lived experience” as young adults with mental health needs, many of whom have received services from DMH and/or participated in DMH-funded Certified Peer Specialist training.
- Through DMH funds and two successive SAMHSA grants, the Department now operates five drop-in centers for youth and young adults, in Boston, Framingham, Lawrence, Holyoke and Worcester. These are “low barrier” entry points to services, allowing young people to meet peers and staff, learn about resources and services and get on track with educational and vocational goals.
- Research in the United States and elsewhere has identified strategies for intervening very early in the onset of psychotic illnesses. As recently summarized by Thomas Insel, M.D., Director, National Institute of Mental Health: “International consensus statements recommend that specialty care interventions for “First Episode Psychosis” (FEP) start within 3 months of illness onset (Bertolote and McGorry, 2005). However, more than two dozen studies conducted worldwide have observed a substantial delay (on average 2 years) between the appearance of psychotic symptoms and the initiation of appropriate treatment (Marshall et al., 2005). Two influential meta-analyses have established that duration of untreated psychosis (DUP), the time between the onset of psychosis and initiation of appropriate treatment, is correlated with poor outcome (Marshall et al., 2005; Perkins et al., 2005). In the United States, DUP ranges between one and three years (e.g., Hass and Sweeney, 1992; Ho, Andreasen, Flaum, et al., 2000), suggesting that many persons with FEP are missing a critical opportunity to benefit from early intervention. Research suggests that DUP can be reduced within public health systems by enhancing early detection and treatment referral mechanisms (Melle, Larsen, Haahr, et al., 2004).
- For over 20 years Massachusetts has had an FEP program, the Prevention and Recovery in Early Psychosis (PREP) program, the result of a partnership between DMH and Harvard Medical School, Department of Psychiatry. DMH has now established a “PREP

West” program in Holyoke and is funding four other outpatient clinics around the state to enhance FEP services.

- New regulations governing DMH’s Service Authorization process go into effect on July 1, 2018. With these new regulations, the Department decided to create flexibility and “permeability” between what has historically been two very distinct Divisions: Child, Youth and Family and Mental Health Services (adult services.) Under the new regulations, young adults up to their 22 birthday will be authorized for services using the clinical criteria previously used with youth up to their 19th birthday. However, this does not mean that all youth up until age 22 will be served by the CYF Division. Reflecting the individual needs of each person applying for services, DMH will determine, with the young adult, whether CYF or MHS case management is appropriate and each young adult will have access to services through either division. The goal is to promote truly individualized services for youth and young adults being served by the Department.

CHILDREN IN EARLY CARE AND EDUCATION

- DMH works closely with other Executive Office of Health and Services (EOHHS) agencies and agencies in other Secretariats to coordinate policies and activities related to the social and emotional well-being of infants and young children. Recent examples of DMH’s work in this area include:
 - Training for Family Day Care Providers. Using funds appropriated by the Legislature for collaborative work between the Department of Early Education and Care (EEC) and DMH, the Department is paying for a series of five trainings across the state for Family Day Care Providers. Each training will be offered in English and Spanish. The training will teach providers about the impact of stress and trauma on the developing child; how to recognize the signs of trauma; how to work with children in a way that helps to address stress and trauma; and to work with the child’s family to get support and help, for the family and the child or children.
 - Last year, DMH used these funds to co-sponsor an Infant and Early Childhood Mental Health (IECMH) Policy Meeting of all key constituencies and stakeholders in the state to develop strategic priorities for advancing IECMH policy and practice.
 - This year, in accordance with the conference priorities, DMH, through its Children’s Behavioral Health Knowledge Center, has funded capacity building training for mental health clinicians who work with caregivers; and infants and children.

DMH CASE MANAGEMENT

DMH provided case management services to 841 children and youth in Fiscal Year 2017 and to date in FY2018 has provided case management to 840 children and youth.